

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022062

STATE FILE NUMBER

042

1000

666

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 18 1962

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. JosephLength of stay in 1b
17 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Missouri Methodist

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Andrew

c. CITY OR TOWN RFD # 3, St. Joseph

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

4 miles north

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

James Charles Pearl

4. DATE OF DEATH

Month

Day

Year

June 8, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-26-99

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

service stations

10b. KIND OF BUSINESS OR INDUSTRY

gasoline

11. BIRTHPLACE (City and state or country)

Winston, Missouri

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Robert Pearl

13b. MOTHER'S MAIDEN NAME

Flora Hicks

14. NAME OF HUSBAND OR WIFE

Nellie I. Pearl

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Nellie Pearl St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic cor pulmonale

INTERVAL BETWEEN ONSET AND DEATH

4 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pulmonary fibrosis & emphysema

2 years

DUE TO (c)

Asthmatic bronchitis

2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

Arteriosclerotic heart disease with old infarct

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

5/5/62

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

5:00 PM

to 6/8/62

and last saw her alive on 6/8/62

Death occurred at: on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C.A. Potter, Jr., M.D.

22b. ADDRESS

St. Joseph, Missouri

22c. DATE SIGNED

6/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

6-8-62

23c. NAME OF CEMETERY OR CREMATORY

Savannah Cemetery

23d. LOCATION (City, town, or county)

Savannah, Missouri

(State)

24. FUNERAL DIRECTOR

BREIT & HAWKINS

ADDRESS

SAVANNAH

25. DATE RECD. BY LOCAL REG.

June 12, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Handell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

C.A. Potter, Jr., M.D.

DOCUMENT

VS 300
Rev. 4/59

15117

200201

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JUN 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address

Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.